PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09/857578

		CLAIMS AS		(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			25 minus 20≔		• - 5			X\$ 9=		OR	X\$18=	-90
INDEPENDENT CLAIMS			(minus 3 =		_			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	ESENT				<i>"/</i> .	+135=		OR	+270=	-
• If	the difference	in column 1 is	less than zero, enter "0" in column			olumn 2	. 1	TOTAL		OR	TOTAL	8 Ta 0
CLAIMS AS AMENDED - PART II								·			OTHER	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL	ENTITY	QR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RÀTE	ADDI- TIONAL PEE
	Total	•	Minus	٠٠.		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	PENDENI	CLAIM	=		∕ X40=	7-1.5	OR	X80=	
	FINOT FNESE	INTATION OF IN	CHIPLE DE	FENDEN	CLANVI			+135=	. • •	OR	,,+270=	
	*		ه مست					TOTAL ADDIT/FEE	, i	OR	TOTAL ADDIT, FEE	*
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	•	Minus			=		X\$ 9=		OR	X\$18=	
	Independent	·	Minus	***	01.4144	-		X40=	· in a constant	OR	_X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DE	PENDENT	CLAIM		1	+135=		OR	+270=	
							L	TOTAL		I	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								NDDIT. FEE	m.		NUUII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	ĺÍ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= ,		X\$ 9=	وم الا	OR	-X\$18=	2.54
	Independent	•	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,103		OR	7,002	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		mber Previously Pai ber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	